

# MILLSTONE TOWNSHIP

Attn: Clerk  
470 Stagecoach Road  
Millstone Twp., NJ 08510  
732-446-3402

## DOG LICENSE APPLICATION

### Owner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

### Dog Information

New Dog? \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Hair Length \_\_\_\_\_ Color \_\_\_\_\_

Spayed/Neutered? (Y/N) \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Rabies Shot Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ By \_\_\_\_\_

#### License Fees:

Spayed/Neutered: \$12.00

Non-Spayed-Non-Neutured: \$15.00

**Late Fee, after 4/30 \$10.00 PER DOG**

Total Included: \$ \_\_\_\_\_

**ALL DOGS MUST BE LICENSED EVERY YEAR.**

**THIS LICENSE EXPIRES JANUARY 31<sup>ST</sup> OF NEXT YEAR.**

**Rabies Vaccine must be current through the first 10 months of the licensing year.**

#### Office Only

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

License # \_\_\_\_\_